



EXPRESS MAIL NO. EV718205030US

| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |                                  | Docket Number<br>200125.408C2 |         |            |                         |  |   |       |      |      |   |       |       |         |   |        |       |         |  |        |       |         |  |        |        |         |                                      |                          |   |                                  |
|---|----------------------------------|-------------------------------|---------|------------|-------------------------|--|---|-------|------|------|---|-------|-------|---------|---|--------|-------|---------|--|--------|-------|---------|--|--------|--------|---------|--------------------------------------|--------------------------|---|----------------------------------|
| Application Number 10/658,661   |                                  | Filed September 8, 2003       |         |            |                         |  |   |       |      |      |   |       |       |         |   |        |       |         |  |        |       |         |  |        |        |         |                                      |                          |   |                                  |
| For DSP-3 DUAL-SPECIFICITY PHOSPHATASE  |                                  |                               |         |            |                         |  |   |       |      |      |   |       |       |         |   |        |       |         |  |        |       |         |  |        |        |         |                                      |                          |   |                                  |
| Art Unit<br>1652  |                                  | Examiner<br>Rebecca E. Prouty |         |            |                         |  |   |       |      |      |   |       |       |         |   |        |       |         |  |        |       |         |  |        |        |         |                                      |                          |   |                                  |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table><thead><tr><th></th><th><u>Fee</u></th><th colspan="2"><u>Small Entity Fee</u></th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$120</td><td>\$60</td><td>\$60</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$450</td><td>\$225</td><td>\$_____</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$1020</td><td>\$510</td><td>\$_____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$1590</td><td>\$795</td><td>\$_____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$2160</td><td>\$1080</td><td>\$_____</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required or credit any overpayment, to Deposit Account Number <u>19-1090</u>. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71<br/>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration No. <u>48,903</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34. _____</p> <table><tr><td><u>Mae Joanne Rosok</u><br/>Signature</td><td>December 9, 2005<br/>Date</td></tr><tr><td>Mae Joanne Rosok<br/>Typed or printed name</td><td>206-622-4900<br/>Telephone Number</td></tr></table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.</p> |                                  |                               |         | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$60 | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$_____ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$_____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$_____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$_____ | <u>Mae Joanne Rosok</u><br>Signature | December 9, 2005<br>Date | Mae Joanne Rosok<br>Typed or printed name | 206-622-4900<br>Telephone Number |
|   | <u>Fee</u>                       | <u>Small Entity Fee</u>       |         |            |                         |  |   |       |      |      |   |       |       |         |   |        |       |         |  |        |       |         |  |        |        |         |                                      |                          |   |                                  |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120                            | \$60                          | \$60    |            |                         |  |   |       |      |      |   |       |       |         |   |        |       |         |  |        |       |         |  |        |        |         |                                      |                          |   |                                  |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450                            | \$225                         | \$_____ |            |                         |  |   |       |      |      |   |       |       |         |   |        |       |         |  |        |       |         |  |        |        |         |                                      |                          |   |                                  |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020                           | \$510                         | \$_____ |            |                         |  |   |       |      |      |   |       |       |         |   |        |       |         |  |        |       |         |  |        |        |         |                                      |                          |   |                                  |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590                           | \$795                         | \$_____ |            |                         |  |   |       |      |      |   |       |       |         |   |        |       |         |  |        |       |         |  |        |        |         |                                      |                          |   |                                  |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160                           | \$1080                        | \$_____ |            |                         |  |   |       |      |      |   |       |       |         |   |        |       |         |  |        |       |         |  |        |        |         |                                      |                          |   |                                  |
| <u>Mae Joanne Rosok</u><br>Signature  | December 9, 2005<br>Date         |                               |         |            |                         |  |   |       |      |      |   |       |       |         |   |        |       |         |  |        |       |         |  |        |        |         |                                      |                          |   |                                  |
| Mae Joanne Rosok<br>Typed or printed name   | 206-622-4900<br>Telephone Number |                               |         |            |                         |  |   |       |      |      |   |       |       |         |   |        |       |         |  |        |       |         |  |        |        |         |                                      |                          |   |                                  |

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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